

Message Text

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ACTION HEW-04

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SUBJ: RISING INCIDENCE OF MALARIA

1. SUMMARY: CONCERN OVER RECENT RESURGENCE IN SRI LANKA OF MALARIA, PARTICULARLY THE VIRULENT STRAIN, P. FALCIPARUM, HAS REINVIGORATED CONTROL CAMPAIGN OF SPRAYING, DRUG DISTRIBUTION, AND PUBLIC EDUCATION. WE BELIEVE GOVERNMENT FIGURES ON NUMBER OF REPORTED CASES UNDERSTATE SERIOUSNESS OF PROBLEM. CAMPAIGN HAS HIGH-LEVEL SUPPORT IN MINISTRY OF HEALTH BUT IS HAMPERED BY RISING COSTS AND REMOTENESS OF SOME OF WORST-AFFECTED AREAS. FEW AREAS INCLUDING COLOMBO CONTINUE TO REMAIN VIRTUALLY FREE OF MALARIA BUT EXPERTS SAY EPIDEMIC HAS NOT YET PEAKED. AID REP DISCUSSED PROBLEM WITH GSL LAST WEEK. END SUMMARY.

2. MALARIA, THOUGHT TO HAVE BEEN CONTROLLED IN SRI LANKA IN 1963, HAS SURGED TO EPIDEMIC PROPORTIONS IN MANY PARTS OF THE ISLAND. ONLY SOUTHWEST COAST (INCLUDING COLOMBO) AND HILL AREAS ABOVE 2500 FT ARE UNAFFECTED BY EPIDEMIC. PARTICULARLY WORRISOME IS RISE IN DANGEROUS AND POTENTIALLY FATAL VARIETY P. FALCIPARUM, AT ONE TIME CONFIRMED TO RIVER VALLEYS OF EASTERN MONERAGALA DISTRICT. WITH FALCIPARUM'S

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SPREAD OUTWARD AND INTO NORTH CENTRAL AND WESTERN

PROVINCES THERE HAS BEEN ALARMING RISE IN RECORDED CASES OF THIS STRAIN -- FROM 3,245 IN 1973 TO 31,387 IN FIRST SIX MONTHS OF 1975.

3. OFFICIAL STATISTICS ON TOTAL MALARIA CASES (INCLUDING MORE NUMEROUS VIVAX STRAIN) SHOW PEAK IN 1969-70 WITH AROUND 500,000 CASES ANNUALLY. HOWEVER, HEALTH MINISTRY SOURCE AND WORLD HEALTH ORGANIZATION OFFICIAL SAY THAT FIGURES RELEASED BY GOVT CONSIDERABLY UNDERSTATE THE NUMBER OF PERSONS AFFECTED. NEWSPAPERS REPORT 180,000 CASES IN FIRST SIX MONTHS OF 1975. WE UNDERSTAND FROM HEALTH MINISTRY SOURCE, THAT CORRECT FIGURE, INCLUDING UNREPORTED, UNDIAGNOSED, AND INCORRECTLY DIAGNOSED CASES, MAY BE AS HIGH AS 380,000.

4. RESPONSE TO GSL IN RECENT MONTHS HAS BEEN STEPPED-UP EMPHASIS ON ANTI-MALARIA CAMPAIGN ORGANIZATION WITH ASSISTANCE FROM WORLD HEALTH ORGANIZATION. TRADITIONAL METHOD OF CONTROL OF MOSQUITO VECTOR HAS BEEN APPLICATION OF DDT. HOWEVER, PREVALENCE OF DDT-RESISTANT MOSQUITOS HAS CAUSED PARTIAL SHIFT TO USE OF MALATHION. THIS HAS SO FAR BEEN CONFINED TO MOST SEVERELY AFFECTED REGIONS BECAUSE OF INADEQUATE STOCKS AND HIGH COST OF MALATHION. HEALTH MINISTRY TEAM IS NOW CONSIDERING FEASIBILITY OF EXTENSION OF MALATHION SPRAYING, POSSIBLY TO ENTIRE AFFECTED AREA. CURRENT REGULATIONS PROHIBIT USE OF DDT AND MALATHION FOR ANYTHING OTHER THAN ANTI-MALARIA PROGRAMS.

5. EQUALLY HIGH PRIORITY FOR GSL IS DISTRIBUTION OF ANTI-MALARIAL DRUGS WHICH ARE PROVIDED FREE THROUGH AREA HEALTH CENTERS. CHLOROQUINE AND PREMAQUINE CONTINUE TO BE EFFECTIVE AGAINST LOCAL STRAINS. DISTRIBUTION IS PROBLEM BECAUSE SOME OF WORST AFFECTED AREAS ARE IN JUNGLE REGIONS WHICH CANNOT BE REACHED BY MOBILE VANS.
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6. RECENT SPATE OF NEWSPAPER PUBLICITY ON EPIDEMIC WAS GENERATED BY DEPUTY HEALTH MINISTER SIVA OBEYSEKERE WHO IS TRAVELING WIDELY IN MALARIA AFFECTED AREAS AND HAS MADE CAMPAIGN ONE OF HER PRIORITIES. HIGH LEVEL SUPPORT AND PUBLIC AWARENESS OF PROBLEM SHOULD HELP PROGRAM FINANCIALLY, BUT EVEN WITH CURRENT ACCELERATED EFFORTS, DOCTORS FEEL PEAK

OF EPIDEMIC HAS NOT YET BEEN REACHED. VISITING
AID SOUTH ASIA DIRECTOR REES AND REYZDENT AID
REPRESENTATIGE MET OBEYSEKERE LAST WEEK TO DISCUSS
ANTI-MALARIA CAMPAIGN REQUIREMENTS AND POSSIBLE
U.S. INPUT.
VAN HOLLEN

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